Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Cancer Overview
Presented by	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer
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Agenda item	13
Confidential	No

Executive summary

Lancashire and South Cumbria face a higher cancer burden than England overall, with more than 11,500 diagnoses between June 2025 and May 2026 and an incidence rate 10% above the national average. Age and deprivation strongly influence outcomes, and incidence rates, including the most prevalent cancers.

Earlier diagnosis and reducing inequalities remain key priorities**.** The Cancer Alliance ranks 19th out of 20 for early-stage diagnosis, and under-75 cancer mortality rate is significantly higher than in England. There is a gap in early diagnosis between the most and least deprived communities and the burden of lifestyle related cancers is more prevalent in these areas. Recent success show that LSC Cancer Alliance is the most improved out of the 19 others in England.

Cancer waiting-time performance has improved but remains below the stated ambitions. Provider performance varies, with BTH having the poorest performance in LSC. Work is ongoing and improvements have been made, seeing the ICB move from one of the worst nationally, to mid-table. However, risk remain to delivery.

There is a wide-ranging improvement programme overseen by the Cancer Alliance Team, ranging from whole-system transformation, LSC-wide service redesign, and local-level targeted improvements across early diagnosis, primary care pathways, in secondary care, and through joint working with local authorities, charities, volunteer, community, and faith sectors.

Public and Stakeholder Engagement

Patient engagement and experience of care are key aspects of the Cancer Alliance delivery plan. Many of our actions are based on feedback and intelligence from communities, clinicians, operational managers, and people with experience of cancer and its treatment in our providers.

Engagement undertaken to inform cancer awareness work has included 791 survey responses and workshops with South Asian women in Preston, women in Burnley and men in Blackpool. Key barriers include difficulties accessing GP appointments,

lack of confidence in recognising cancer symptoms and concern that people may not be taken seriously. Insight demonstrates communities favour simple, positive, and action-oriented communications, using real people, delivered through trusted community settings with translated materials where appropriate. These insights have been used to develop awareness raising campaigns to support improving cancer outcomes.

Additional engagement in Blackpool captured insight from 1,906 local people, identifying limited awareness of some cancer symptoms, access to GP appointments, fear, concerns about burdening NHS services and perceptions of healthcare professionals being dismissive as potential barriers to seeking help. People also identified a need for greater practical and emotional support. These insights provide the context for the Cancer Alliance's community-based awareness approach and its work with Spring North, VCFSE partners and targeted campaigns to encourage earlier recognition of symptoms and help-seeking.

Recommendations

The Board are asked to note the current challenges, performance, inequalities, and improvement priorities. They are asked to support the work of the Cancer Alliance in driving improvements in outcomes for our population, and support joint working on health inequalities which are a key driver for cancer incidence and outcomes.

Which Strategic Objective/s does the report relate to:		**Tick**
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications

	Yes	**No**	**N/A**	**Comments**
Associated risks		✓		*Highlight any risks and where they are included in the report*
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	**Date**	**Outcomes**
N/A		

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	

Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer